

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST Application for Assistance for PSTeAF

Date Form Completed	/ /		
<b>1. UST Facility Information</b>			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
<b>2. Applicant Information</b>			
<i>Additional information may be requested, if necessary, to determine the applicant's ownership or organizational structure.</i>			
Type of Application (mark one)	<input type="checkbox"/> New <input type="checkbox"/> Amended – provide PSTeAF Application #: <input type="checkbox"/> 3 <sup>rd</sup> Party		
Applicant Type (mark all that apply)	<input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator		
Total number of Petroleum Storage Tanks Owned or Operated (at the time of the release)	All Facilities Owned: _____ All Tanks Operated: _____		
Applicant's Ownership or Organizational Structure (mark one)	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Estate / Trust <input type="checkbox"/> Government / Non-Profit <input type="checkbox"/> Public Service Corporation		
Vendor Number (must be provided to process application)	A vendor number may be obtained from the Finance and Administration Cabinet by contacting the Finance Customer Resource Center at (502) 564-9641, (877) 973-4357, or by email at <a href="mailto:CRCGroup@ky.gov">CRCGroup@ky.gov</a> .		
Applicant Name (Owner/Operator)			
Applicant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Applicant Contact Information	Phone: ( ) -	Alternate Phone: ( ) -	Fax: ( ) -
	Email:		
Legally Authorized Representative / Agent #1	Phone: ( ) -	Email:	
Legally Authorized Representative / Agent #2	Phone: ( ) -	Email:	
<b>3. Financial Information</b>			
Mark only one. The UST Branch may request financial documentation.			
<input type="checkbox"/> 1. The applicant's last five (5) years average total income, or annual budget for non-profit entities, is <b>less</b> than or equal to \$100,000.			
<input type="checkbox"/> 2. The applicant's last five (5) years average total income, or annual budget for non-profit entities, is <b>greater</b> than \$100,000.			
<b>4. Petroleum Release Details</b>			
Incident Number			
Date Release Occurred/Discovered	/ /	Date Reported to the Cabinet: / /	
Method of Discovery	<input type="checkbox"/> Incident <input type="checkbox"/> Removal <input type="checkbox"/> Site Check <input type="checkbox"/> Other (specify): _____		
Product Released (mark all that apply)	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Waste Oil <input type="checkbox"/> New Oil		

AI \_\_\_\_\_

**Petroleum Release Details** (continued from Section 4)

List Tanks Associated with the Release	Tank	Capacity (gal)	Product	Tank	Capacity (gal)	Product
	1.			4.		
	2.			5.		
	3.			6.		

**5. Contracted Eligible Company or Partnership**

<b>Eligible Company or Partnership</b>		AI Number (company or partnership):
<b>Professional Engineer (P.E.) or Professional Geologist (P.G.)</b>		License Number:

☐ A written contract signed by both the applicant and the eligible company or partnership is attached to this application. (required)

**6. Third-Party Information**

<b>Are there any known third-party complaints connected with this release?</b>	<input type="checkbox"/> Yes    If yes, provide the third-party information below and attach a copy of the complaint and/or any legal documents, letters, etc. received.		<input type="checkbox"/> No
<b>Third-Party Name</b>			
<b>Third-Party Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Third-Party Contact Information</b>	Phone: (    ) -		Email:

**7. Subrogation Agreement**

In consideration of, and to the extent of payment from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) in accordance with KRS 224.60-150 et seq., the undersigned \_\_\_\_\_ (Applicant) hereby assigns, transfers and subrogates to the cabinet all of the rights, claims, interest and rights of action, which the Applicant may have against any party, person or corporation including insurers, liable under any contract or tort theory for the cost of petroleum cleanup at \_\_\_\_\_ (Facility) during the period on or about \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) to the present. The Applicant authorizes the cabinet to sue, compromise, or settle in the Applicant's name or otherwise all such claims and to execute, sign releases and acquaintance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant with the same force and effect as if the Applicant executed or endorsed them. It is the intent of the parties that the cabinet be fully substituted for the Applicant and subrogated to all the Applicant's rights to recover the amount paid from the PSTEAF.

The Applicant warrants and represents that no settlement has been made by the Applicant with any party, person or corporation against whom a claim may lie, and no release has been or will be given to anyone responsible for the cost of cleanup and that no such settlement will be made nor release given by the Applicant without the written consent of the cabinet. The Applicant covenants and agrees to cooperate fully with the cabinet in the prosecution of such claims and to procure and furnish all papers and document in the Applicant's possession necessary in such proceedings and to attend court and testify if the cabinet deems such to be necessary, but it is understood the Applicant is to be saved harmless from costs in any such proceeding brought by the cabinet.

AI \_\_\_\_\_

**8. Certification**☐ Check here if the person completing the form is the same as the applicant named below.**Name of Person Completing Form****Email****Phone Number**

(   )   -

**Signature Requirements:** If incorporated or a public service corporation, the individual signing can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form shall be signed by a principal, executive officer or ranking elected official. The power of the agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representative of the owner/operator.

**I hereby certify under penalty of law that I am the (mark one)**

☐ Applicant (Owner/Operator)☐ Legally-authorized representative or agent of the applicant (refer to Signature Requirements above)

I the undersigned, first being duly sworn, state, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. In addition, I certify the eligibility requirements of 401 KAR 42:250 have been met and a release requiring corrective action from this facility has occurred and has been reported to the cabinet as required by 401 KAR 42:250, Section 2.

<b>Applicant or Authorized Representative / Agent</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /
<b>Eligible Company or Partnerships Representative</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).